

The Commonwealth of Massachusetts

Department of Fire Services

Board of Fire Prevention Regulations 527 CMR 12:00

Office Use Only					
Permit No					
Occupancy & Fee Checked					
2/07					

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

TOWN OF WATERTOWN, 149 MAIN STREET, WATERTOWN, MA 02472 To The Inspector of Wires:

By this application, the undersigned of the control		perform the elctrical	work described below Date		
Location (Street & Number)	,				
Owner or Tenant					
Owner's Address					
Is this permit in conjunction with a building permit Yes		No (Check Appropriate Box)			
Purpose of Building		Utility Authorization No			
If residential dwelling, No. of Units					
Existing Service An	nps / Volts	Overhead	Undgrd	No. of Meters	
New Service An	nps / Volts	Overhead	Undgrd	No. of Meters	
Number of Feeders and Ampacity					
Location and Nature of Proposed Ele	ctrical Work		.,		
No. of Recessed Luminaires	No. of Ceiling-Suspended Fans	(Paddle)	No. of Transformer	sTotal KVA	
No. of Luminaire Outlets	No. of Hot Tubs		Generators KV	/A	
	Swimming Pool:	Above ground			
No. of Luminaires	Inground		No. of Emergency Lighting Battery Units		
No. of Receptacle Outlets	No. of Oil Burners		Fire Alarms - No. of Zones		
No. of Switches	No. of Gas Burners		No. of Detection ar	nd Initiating Devices	
No. of Ranges	No. of Air Cond. Total T	ons	No. of Alerting Devices		
<u> </u>					
No. of Waste Disposers	Heat Pump Totals: Numbe	r Tons KW	No. Self-Contained Detection/Alerting Devices		
	,				
No. of Dishwashers	Space/Area Heating KW_		Local Municipal	Connection Other	
			·	-	
No. of Dryers	Heating AppliancesKW	Heating Appliances KW		*Security Systems: No. of Devices or Equivalent	
No. of Water HeatersKW	No. of SignsNo. of Balla	No. of SignsNo. of Ballasts		Devices or Equivalent	
			Telecommunication	ns Wiring: No. of Devices or	
No. Hydromassage Bathtubs	No. of MotorsTotal HP		Equivalent	g. 110. 0. 201.000 0.	
OTHER:					
INSURANCE COVERAGE: Pursuan	t to the requirements of Massachuse	etts General Laws I I	nave a current Liability	Insurance Policy including	
Completed Operations Coverage or i				to this office. YES NO	
If you have checked YES, please ind	icate the type of coverage by checking	ng the appropriate b	OX.		
INSURANCE BOND OTHER	R (Please Specify)				
Estimated Value of Electrical Work \$	(When require	nd by municipal polic	w/ Attach add'l dotail	(Expiration Date)	
Work to Start				Final	
Signed under the penalties of perjury		deoted. Rough_		- 1 mai	
FIRM NAME			LI	C. NO	
Licensee					
Address					
Bus. Tel. No.	Alt. Tel	. No			
*Per M.G.L. c. 147, s. 57-61, security			Lic. No.		
OWNER'S INSURANCE WAIVER: I	am aware that the Licensee does no	ot have the insuranc	e coverage or its subs	tantial equivalent as required by	
Massachusetts General Laws, and th	at my signature on this permit applic	ation waives this re	quirement. Owner	Agent (Please check one)	

APPLICATION FEE

TOWN OF WATERTOWN
149 Main St., Watertown, MA 02472

ELECTRICAL FEE SCHEDULE (Effective January, 2002)

EXISTING DWELLING SERVICE

INDUSTRIAL/COMMERCIAL

Telephone: (617) 972-6480 Fax: (617) 926-7778

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Initial Fee	20.00	Initial Fee	40.00
\$25 per \$1,000 or part of up to \$5,000.		\$30 per \$1,000 or part of up to \$5,000.	
(Then) \$10 per \$1,000 over \$5,001.		(Then) \$10 per \$1,000 over \$5,001.	
Residential/Industrial/Commercial:		Annual Permits 125.00	
Occupancy Permit Fee		Re-inspection	
Re-inspection		Prepaid to Town	
Single Appliance replacement20.00			
Electrical Work Siding20.00		Non-access to site for inspection will	
Minor repairs		require re-inspection fee	
Off hour shutdown 1-4 hour standby 200.00		-	
shall be given by mailing or delivering a inspector. Any person failing to give su	a permit uch notic enforcec	of chapter one hundred and sixty-six. Said application form prepared by the Board, to se shall be punished by a fine not exceeding by the inspector of wires within his jurisdictanner. Report of Inspector of W	said g five ction and
Service Conduit Size			
Service SwitchAmps			
Notified NSTAR:			
Date Who Notified			
Rough Final			

Job Final ______